

{INCLUDETEXT "C:\\Users\\neilb\\OneDrive - PRACCTICE LTD\\Documents\\OspreyOfficeGateway\\header.doc"}

Our Ref: { MERGEFIELD MATTER_FEE_EARNER_ID }/{ MERGEFIELD client_no }/{ MERGEFIELD matter_no }

{ QUOTE { DATE \@ "d"*Ordinal } } { QUOTE { DATE \@ "MMMM yyyy" } }

{ MERGEFIELD FW_PRO_LIFE_INS_FWLIFE_INS_1_name }
{ MERGEFIELD FW_PRO_LIFE_INS_FWLIFE_INS_1_address }

Dear Sirs

Deceased: { MERGEFIELD
FW PRODCDETS 1 DECEASED FULLNM }

Policy Number[s]: { MERGEFIELD
"FW PRO LIFE INS FWL INS 1 POL 1" }
MERGEFIELD "FW PRO LIFE INS FWL INS 1 POL 2"
\b", " }

Address: { MERGEFIELD
FW PRODCDETS 1 FWDCD PRV ADD1 \f", "{
MERGEFIELD
FW PRODCDETS 1 FWDCD PRV ADD2 \f", "{
MERGEFIELD
FW PRODCDETS 1 FWDCD PRV ADD3 \f" "{
MERGEFIELD
FW PRODCDETS 1 FWDCD PRV ADDPC }

Date of Death: { MERGEFIELD FW PRODCDETS 1 FWDCD DT DTH
\@ "d"*Ordinal } _____ { MERGEFIELD
FW PRODCDETS 1 FWDCD DT DTH \@ "MMMM
yyyy" }

Further in this matter, we now enclose an office copy grant of representation, together with the signed claim form. We should be grateful if you could process the claim and send a cheque for the proceeds to us.

We look forward to hearing from you as soon as possible.

Yours faithfully

{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

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